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**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA**

Paul Kenneth Neale,
Petitioner,

v.
Kris Kline, et al.,
Respondents.

No. CV-25-00174-PHX-SMB (JZB)

ORDER

Petitioner Paul Kenneth Neale, who is confined in the Central Arizona Florence Correctional Complex, has filed a pro se Petition Under 28 U.S.C. § 2241 for a Writ of Habeas Corpus. Petitioner has not paid the \$5.00 filing fee or filed an Application to Proceed In Forma Pauperis.

I. Failure to Pay Filing Fee

Rule 3.5(c) of the Local Rules of Civil Procedure requires that “[i]f a habeas corpus petitioner desires to prosecute the petition in forma pauperis, the petitioner shall file an application to proceed in forma pauperis on a form approved by the Court, accompanied by a certification of the warden or other appropriate officer of the institution in which the petitioner is confined as to the amount of money or securities on deposit to the petitioner’s credit.” Rule 3.5(c) also requires payment of the \$5.00 filing fee if a petitioner has in excess of \$25.00 in his inmate account.

Because Petitioner has not paid the \$5.00 filing fee or filed an Application to Proceed In Forma Pauperis, the Court will give Petitioner 30 days from the date this Order

1 is filed to either pay the \$5.00 filing fee or file a complete Application to Proceed In Forma
2 Pauperis using the form included with this Order.

3 **II. Warnings**

4 **A. Address Changes**

5 Petitioner must file and serve a notice of a change of address in accordance with
6 Rule 83.3(d) of the Local Rules of Civil Procedure. Petitioner must not include a motion
7 for other relief with a notice of change of address. Failure to comply may result in dismissal
8 of this action.

9 **B. Possible Dismissal**

10 If Petitioner fails to timely comply with every provision of this Order, including
11 these warnings, the Court may dismiss this action without further notice. *See Ferdik v.*
12 *Bonzelet*, 963 F.2d 1258, 1260-61 (9th Cir. 1992) (a district court may dismiss an action
13 for failure to comply with any order of the Court).

14 **IT IS ORDERED:**

15 (1) Within **30 days** of the date this Order is filed, Petitioner must either pay the
16 \$5.00 filing fee **or** file a complete Application to Proceed In Forma Pauperis.

17 (2) If Petitioner fails to either pay the \$5.00 filing fee or file a complete
18 Application to Proceed In Forma Pauperis within 30 days, the Clerk of Court must enter a
19 judgment of dismissal of this action without prejudice and without further notice to
20 Petitioner and deny any pending unrelated motions as moot.

21 (3) The Clerk of Court must mail Petitioner a court-approved form for filing an
22 Application to Proceed In Forma Pauperis (Habeas).

23 Dated this 16th day of April, 2025.

24
25
26 
27 Honorable Susan M. Brnovich
28 United States District Judge

Name and Prisoner/Booking Number

Place of Confinement

Mailing Address

City, State, Zip Code

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA**

_____)	
_____)	
Petitioner,)	CASE NO. _____
)	
vs.)	
)	
_____)	APPLICATION TO PROCEED
Respondent(s).)	<i>IN FORMA PAUPERIS</i>
_____)	BY A PRISONER
)	(HABEAS)

I, _____, declare, in support of my request to proceed in the above entitled case without prepayment of fees under 28 U.S.C. § 1915, that I am unable to pay the fees for these proceedings or to give security therefor and that I believe I am entitled to relief.

In support of this application, I answer the following questions under penalty of perjury:

- Are you currently employed at the institution where you are confined? **G**Yes **G**No
If "Yes," state the amount of your pay and where you work. _____

- Do you receive any other payments from the institution where you are confined? **G**Yes **G**No
If "Yes," state the source and amount of the payments. _____

3. Do you have any other sources of income, savings, or assets either inside or outside of the institution where you are confined? **G**Yes **G**No

If "Yes," state the sources and amounts of the income, savings, or assets. _____

I declare under penalty of perjury that the above information is true and correct.

DATE

SIGNATURE OF APPLICANT

CERTIFICATE OF CORRECTIONAL OFFICIAL
AS TO STATUS OF APPLICANT'S TRUST ACCOUNT

I, _____, certify that as of the date applicant signed this application:
(Printed name of official)

The applicant's trust account balance at this institution is: \$_____.

DATE

AUTHORIZED SIGNATURE

TITLE/ID NUMBER

INSTITUTION